



# ***Temporary Food Service Events***

- Community Events
- Fairs/Festivals
- “Taste of/Cook offs”
- Special Events

Town of Truro Health Department  
24 Town Hall Road  
Truro, MA 02666  
508-349-7004 x 32

# TOWN OF TRURO

## Board of Health

P.O. Box 2030, Truro MA 02666

**Tel: 508-349-7004 Fax: 508-349-5508**

Dear Temporary Food Establishment (TFE) Operator:

Now that you are planning a special event where food will be prepared and served, the Truro Board of Health would like to you to be informed of the requirements for operating a temporary food establishment. A temporary food establishment is defined as a food establishment that operates for a period of time of not more than 14 consecutive days in conjunction with a single event or celebration. Temporary food establishments are licensed and inspected by local boards of health in accordance with Massachusetts Regulation 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X and the federal 1999 Food Code.

Temporary food events often bring with them special challenges to ensure proper food safety as well as a successful, memorable event. Enclosed in this packet is the Temporary Food Service Permit Application, which must be completed and returned to the Board of Health 30 days prior to the event, the "Are you Ready" Check List and Coordinator's Checklist. Please review these materials carefully and share them with anyone else who will be preparing and serving food with you. To obtain a copy of 105 CMR 590.000 and the federal 1999 Food Code, which contains specific provisions, contact the State House Bookstore at (617)727-2834 or go to the MA Retail Food Safety Information web site at [www.mass.gov/dph/fpp/retail](http://www.mass.gov/dph/fpp/retail).

In addition, a pre-operational review with the TFE operator must be conducted with the Health Agent at least 14 days prior to the event. The purpose of the review is to discuss safe food handling procedures and answer any questions you may have.

The materials in this package are designed to facilitate the application approval process and to provide event coordinators and TFE operators with basic food safety requirements necessary to prevent a foodborne outbreak.

Please contact the Board of Health if you have any questions or need assistance with completing your application at 508-349-7004 x 32.

Sincerely,

Truro Board of Health

Massachusetts Department of Public Health  
Food Protection Program & the Truro Board of Health  
**Temporary Food Establishment Operations**  
**Are You Ready?**

*Use this guide as a checklist to verify compliance with MA food safety regulations.*

- ☐ **Application** Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

## FOOD & UTENSIL STORAGE AND HANDLING

- ☐ **Dry Storage** Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
- ☐ **Cold Storage** Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration. Ice for cold holding may not be used as food.
- ☐ **Hot Storage** Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.  
  
All Reheated foods must be heated to at least 165°F or higher.
- ☐ **Thermometers** Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
- ☐ **Wet Storage** Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
- ☐ **Food Display** Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.  
  
Post consumer advisories for raw or undercooked animal foods.
- ☐ **Food Preparation** Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food.  
  
Protect all storage, preparation, cooking and serving areas from contamination.  
  
Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

## PERSONNEL

- ☐ **Person in Charge** There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
- ☐ **Handwashing** A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
- ☐ **Health** The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.
- ☐ **Hygiene** Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

## CLEANING AND SANITIZING

- ☐ **Warewashing**      A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.  
  
The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.
- ☐ **Sanitizing**      Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.
- ☐ **Wiping Cloths**      Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

## WATER

- ☐ **Water Supply**      An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.
- ☐ **Wastewater Disposal**      Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

## PREMISES

- ☐ **Floors**      Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.
- ☐ **Walls & Ceilings**      Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.
- ☐ **Lighting**      Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.
- ☐ **Counters/Shelving**      All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.
- ☐ **Trash**      Provide an adequate number of cleanable containers inside and outside the booth.
- ☐ **Restrooms**      Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.
- ☐ **Clothing**      Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.
- ☐ **Truro Community Center Kitchen**      If you are using the Truro Community Center Kitchen as your base of operations for food prep, you must read the Standard Operations Procedure and complete the Food Safety Checklist. Both of these documents are located in the kitchen area of the Truro Community Center in a 3 ring binder.

**For More information Contact the Truro Health Department at 508- 349-7004 x 32.**

## TEMPORARY FOOD EVENT COORDINATOR'S CHECKLIST

\* RETURN COMPLETED APPLICATION TO THE LOCAL BOARD OF HEALTH OFFICE THIRTY (30) DAYS BEFORE THE EVENT.

\*\* Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **TWO (2) WEEKS PRIOR TO THE EVENT**.

1. NAME OF EVENT: \_\_\_\_\_ DATE(s) \_\_\_\_\_

2. EXPECTED NUMBER OF PATRONS: \_\_\_\_\_

3. EXPECTED PEAK DAYS & NUMBERS OF PATRONS \_\_\_\_\_

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE(work, home, cell)</u>
a.	_____		

b.	_____		
----	-------	--	--

c.	_____		
----	-------	--	--

d.	_____		
----	-------	--	--

5. NUMBER OF ANTICIPATED FOOD BOOTHS: \_\_\_\_\_

6. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>LOCATION</u>
a.	_____		

b.	_____		
----	-------	--	--

7. TIME OF EVENT SET-UP: \_\_\_\_\_

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: \_\_\_\_ YES \_\_\_\_ NO

10. DESCRIBE THE POTABLE WATER SUPPLY AND  
DELIVERY: \_\_\_\_\_

11. DESCRIBE THE WASTEWATER DISPOSAL  
SYSTEM: \_\_\_\_\_

12. DESCRIBE GARBAGE  
DISPOSAL: \_\_\_\_\_

13. \_\_\_\_\_  
SIGNATURE TITLE DATE



SUBMIT COMPLETED FORM TO THE LICENSING DEPARTMENT

## Town of Truro Application for Temporary Food Service Permit

---

PART I - TO BE FILLED IN BY APPLICANT

---

**Applicant** (*check one*)    ☐ private individual, organization or business    ☐ non-profit organization  
*[must attach copy of Form 501(3)(c)]*

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Authorized Representative or Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Telephone**    Days: (    )    Evenings: (    )    Fax \_\_\_\_\_

**Requested Location/Facility** \_\_\_\_\_

**Requested Dates** \_\_\_\_\_

**Requested Times** \_\_\_\_\_ **Rain Dates/Times** (*Must be completed*) \_\_\_\_\_

1. Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?  
\_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

2. Menu: Attach or list **all** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

---

**3. Organizations Conducting Food Preparation:**

**List Names of all staff with a Food Manager Certification:** (non-profit organizations, school events, church suppers and fairs exempt).

1. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**List Names of all staff with a Allergen Awareness Certification:** (non-profit organizations, school events, church suppers and fairs exempt).

1. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Base of Operation: (licensed fixed food establishment): \_\_\_\_\_

---

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

**SECTION A: At the approved kitchen:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**SECTION B: At the booth:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.**

5. Please Complete attached Appendix Plan Review.

**I agree to any conditions specified by the Board of Health, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

***Board of Health Comments or Conditions:***

\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
BOH or Health Agent

\_\_\_\_\_  
Date

## APPENDIX: PLAN REVIEW

**Event will be:**    ☐ **Indoor**        ☐ **Outdoor**    If event is held outdoor, describe how food will be protected from insects, weather and windblown dust or debris: \_\_\_\_\_

1. **Food source(s):** \_\_\_\_\_

Source and storage of water/ice: \_\_\_\_\_

## 2. Water System:

Is there a separate sink with warm running water available for handwashing? ☐ Yes ☐ No If no, describe alternate means of handwashing \_\_\_\_\_

All self contained portable sinks must supplied with pump soap and individual paper towels.

3. **Storage and disposal of garbage:**\_\_\_\_\_

**Storage and disposal of recycables:** \_\_\_\_\_

4. **Restroom facilities available?** ☐ Yes ☐ No

**A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)**

**B. Describe floor, wall and ceiling surfaces:**\_\_\_\_\_

A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. There are no margins or additional markings on the page.

**NOTE: FOOD SERVICE IS LIMITED TO THE SALE OF NON-POTENTIALLY HAZARDOUS FOODS, PREPACKAGED POTENTIALLY HAZARDOUS FOODS AND THE PREPARATION OF FROZEN HAMBURGERS AND HOT DOGS IF THE FOOD MANAGER CERTIFICATION REQUIREMENT IS NOT MET.**